



# 2021 VERMONT YOUTH RISK BEHAVIOR SURVEY

St Johnsbury SD



The Vermont Department of Health would like to acknowledge the work and effort of all the schools, teachers and students who participate in the Youth Risk Behavior Survey each year.

Copies of the questionnaires, state-wide reports, data briefs, and additional sub-state reports are available online.

Visit the Vermont Department of Health YRBS website at: <https://www.HealthVermont.gov/yrbs>

We would especially like to thank the students and schools in St Johnsbury SD who participated in the 2021 YRBS.

This report includes the results for the following schools:

**Middle Schools**

**ST JOHNSBURY SCHOOLS**

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### About the YRBS

The Youth Risk Behavior Survey (YRBS) is a national school-based survey that monitors the health-risk behaviors that contribute to the leading causes of death and disability among youth and young adults. These include:

- Behaviors that contribute to unintentional injuries
- Violence
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity
- Sexual health behaviors related to pregnancy and STDs

The YRBS also measures other high priority health-related behaviors and protective factors. These include:

- prevalence of obesity
- Attitudes and perceptions related to substance use
- Food and housing insecurity
- Youth assets
- Academic achievement

### About the YRBS

In Vermont, the Department of Health works with the Agency of Education and the Centers for Disease Control and Prevention (CDC) to administer the YRBS. It is typically conducted every two years during the spring semester. The YRBS was first administered among students in 8th through 12th grades in 1993. Since 2011, Vermont has conducted two separate surveys: a high school survey of students in grades 9 through 12, and a middle school survey of students in grades 6 through 8.

The middle school and high school surveys differ slightly. The middle school survey is shorter and focuses more on lifetime behaviors and includes questions on fighting, bullying, suicidality, substance use, attitudes and perceptions about substance use, sexual activity, nutrition, physical activity, youth assets, and other factors related to health equity. The high school survey includes questions on these topics as well as more in-depth questions on current behaviors such as driving behaviors and self-reported height and weight.

Copies of the 2021 Vermont high school and middle school surveys as well as previous surveys can be found online at: <https://www.HealthVermont.gov/yrbs>

## Methodology

The YRBS is a biennial school-based survey. In Vermont, students in all public schools and select independent schools across the state are invited to participate in the YRBS. Historically, this has always taken place in the Spring semester. However, due to the COVID-19 pandemic and remote learning, the CDC allowed for the survey to be delayed to the Fall semester later in 2021.

Survey procedures were designed to protect the privacy of students. The YRBS is confidential, anonymous, and optional for students. All students are read a standard set of directions and asked to complete the self-administered survey. Completion of the survey depends on a student's ability to read and complete the questionnaire independently or with the use of computer assisted technology (e.g., screen readers). Thus, students with very limited reading skills or significant intellectual or learning disabilities, may not be adequately represented in this data. Students can decline participation at any time or skip any questions they do not wish to answer. In addition, to protect student's anonymity, data is suppressed when less than 50 students respond to a question or less than 5 students answer a question in a particular way.

In 2019, Vermont began administering a web-based version of the YRBS. Students complete the YRBS online using a unique, random login code to access the survey online. No survey logic or skip patterns are used to ensure that all students complete the survey in approximately the same time frame, regardless of how they answer a question.

For more information on the delayed administration and how it may have impacted the 2021 results, please see "Understanding the 2021 YRBS Results" on the Vermont Department of Health YRBS webpage at: <https://www.HealthVermont.gov/yrbs>

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## Using the YRBS

### Engaging students, schools, and communities

The YRBS can detect changes in risk behaviors over time and identify differences among ages, grades, and genders. With these data, school and community organizations can focus prevention efforts and determine whether school policies and community programs are having the intended effect on student behaviors.

Think of the YRBS as a tool for starting discussions, for educating the community, for planning and evaluating programs, and for comparing Vermont students with other students nationwide.

**Start the Conversation:** Use the YRBS to begin a conversation with teens about the personal choices they make or about the health of their community. Ask them if the results accurately reflect what they see happening around them. How do they explain the results? From their perspective, what is or is not working? How would they promote healthy behaviors?

**Increase Awareness:** The YRBS provides an opportunity to break through “denial” and make community members aware of the risks that their young people face. It can also dispel myths and correct misinformation about the “average teenager.” The YRBS can accentuate the positive and celebrate the fact that many students are abstaining from behaviors that endanger their health and their ability to succeed.

**Plan and Evaluate Programs:** The YRBS can serve as the basis of a community needs assessment. It can help identify strengths and weaknesses in communities and can inform strategies to address those weaknesses.

**Remember to Look at the Positive Side:** In most cases, the majority of adolescents are NOT engaging in risky behaviors. Although most of the charts examine the prevalence of risk behaviors, please do not forget about the percentage of adolescents who are NOT engaging in these behaviors.

**Participate in Getting to 'Y':** Getting to Y provides an opportunity for students to take a lead in bringing meaning to their own Youth Risk Behavior Survey data and taking steps to strengthen their school and community based on their findings. Schools and districts across the state form teams to analyze local level data, identify areas of strength and concern, and create a preliminary action plan. Through the Getting to 'Y' program, students attend a training day where they learn tools and strategies to examine data, explore root causes, and create next action steps. In addition, teams plan and host a community dialogue event to share their executive summary with the school and community.

For more information on upcoming Getting to Y trainings, newsletters, and resources visit Getting to Y at <http://www.upforlearning.org/initiatives/getting-to-y>



### How Accurate are the Results?

Research indicates data of this nature may be gathered as credibly from adolescents as from adults. The anonymous survey design and survey environment encourages students to be honest and forthright.

Numerous precautions are taken to ensure the reliability and validity of the results. The CDC runs over 100 consistency checks on the data to exclude careless, invalid, or logically inconsistent answers. These internal reliability checks help identify the small percentage of students who falsify their answers.

The CDC also weights data, a mathematical procedure that makes data representative of the population from which it was drawn.

The results in this report are weighted by sex, grade, and race/ethnicity in order to compensate for absenteeism and incomplete surveys. The weighting allows the results to be fully representative of middle school students in grades six through eight (middle school survey) and high school students grades nine through twelve (high school survey). Weighting permits us to draw inferences about the school-based student population in Vermont.

More information on survey reliability including "Do students tell the truth" is available on the Vermont Department of Health YRBS webpage at: <https://www.HealthVermont.gov/yrbs>

## Understanding and Interpreting the Results

### Statistical Differences

Throughout this report, statistically significant differences are noted. Statistical significance is calculated by comparing the 95% confidence intervals of two or more values. If the confidence intervals overlap, the percentages are not different. In other words, the two groups are not statistically different from one another. If the confidence intervals do not overlap, there is a statistical difference between the two groups.

A 95% confidence interval is a range of values and can vary due to the size of a particular population or how consistently students responded to an item. Sometimes, when comparing the responses of two or more groups, the overall percent may look very different, but the two numbers are not statistically different. Other times, the two values may be very close but differ statistically.

While this report notes statistical differences, we encourage you to consider meaningful differences: does the disparity merit a targeted intervention, show a real change in health, or otherwise mean something important to the community (statistics aside).

### Data Suppression

For some questions, not enough students respond to be able to report an estimate. In those instances, a dash (-) indicating “too few students” is noted in the table. Reportable estimates include a numerator of at least 5 students and denominator of 50 or more students.

### Subgroup Comparisons

Some subgroups have a higher prevalence of many health-risk behaviors that might place them at risk for unnecessary or premature mortality, morbidity and social problems.

### Key Terms and Statistical Differences

Depending on the size of the Supervisory Union / School District (SU), this report may include differences among students by sex, grade level, race/ethnicity, and sexual orientation/gender identity.

Each table includes the overall statewide prevalence rate (%) and SU prevalence rate. When available, prevalence rates by subpopulations are included. Overall statistical comparisons between the statewide and SU as well as statistical differences within a SU by subpopulations are indicated within each table. These are noted using following key terms and statistical differences:

VT = All students in Vermont

SU = All students in St Johnsbury SD

M = Male students

F = Female students

WnH = White, non-Hispanic students

BIPOC = American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, or Hispanic /Latino students

Het/Cis = Heterosexual and cisgender students

LGBTQ+ = Transgender, lesbian, gay, bisexual, other sexual orientation, and questioning or unsure if they are transgender students

. = Too few students to report

\* = Significant differences between groups

### Special Considerations for 2021

The Vermont YRBS is typically administered during the spring semester of the school year. However, due to COVID-19 and related school closures, the CDC allowed for the 2021 YRBS to be delayed and administered during the fall semester. Students in Vermont took the survey between September and December 2021.

Prevalence estimates for the 2021 VT YRBS and comparisons with previous YRBS data have likely been impacted by some significant factors unique to 2021, including the COVID-19 pandemic and the delay of the survey. Students who participated in the 2021 YRBS were facing different educational and social experiences compared to those of previous participants. Disruptions, including remote learning, lack of social interactions and extracurricular activities, are likely reflected in the survey results.

Age can influence the risk behavior prevalence estimates. Because students took the survey in the fall semester (September-December 2021) instead of the spring semester (January-June 2021), the average age of survey participants was younger than in past years. As seen in other states with a fall 2021 YRBS administration, some risk behavior prevalence estimates may be lower due to the change in age of student participants.

Caution should be used when interpreting and comparing the 2021 results to other years.

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# 2021 VERMONT YOUTH RISK BEHAVIOR SURVEY REPORT

## MIDDLE SCHOOL RESULTS

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## Demographics

Sex	N	%
Male	84	48
Female	80	52

Grade	N	%
6th grade	60	36
7th grade	56	33
8th grade	51	32

Race	N	%
BIPOC	27	12
White, non-Hispanic	113	88

LGBTQ+	N	%
LGBTQ+	54	38
Heterosexual/Cisgender	94	62

N = Unweighted number of students; % = Weighted percent

## Unintentional Injuries, Personal Safety, and Violence

	VT	SD	
Ever rode with a driver who had been drinking alcohol	15	18	*
Have ever ridden in a car driven by someone who had been using marijuana	10	13	*
Never or rarely wear a seatbelt	2	2	

	VT	SD	
Had a concussion from playing a sport or being physically active	15	17	
Rarely or never wore a bicycle helmet	25	35	*
Rarely or never wore a helmet when rollerblading or skateboarding	31	44	*

	VT	SD	
Were ever in a physical fight	38	35	
Were ever bullied on school property	41	42	
Were ever electronically bullied	29	32	
Were bullied	24	28	*
Bullied someone	8	8	

. = Too few students to report; \* = Statistical differences between SU and VT

Unintentional Injuries, Personal Safety, and Violence

	VT	SD
Report someone has ever done sexual things to them that they did not want	10	11

	VT	SD
Did not go to school because they felt unsafe at school or on their way to or from school	10	14 *

	VT	SD
Had a sunburn, past year	67	60 *

	VT	SD
Reported that their mental health was most of the time or always not good	22	22
Have most of the time or always been bothered by feeling nervous, anxious, or on edge	24	19 *
Felt sad or hopeless	22	26 *
Have ever done something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose	18	21

. = Too few students to report; \* = Statistical differences between SU and VT



## Mental Health

	VT	SD
Ever seriously thought about killing themselves	18	19
Ever made a plan about how they would kill themselves	13	14
Ever tried to kill themselves	6	7

	VT	SD
Ever had sexual intercourse	3	6 *
Used a condom during last sexual intercourse	44	.

	VT	SD
Ever tried cigarette smoking	6	7
Ever used an electronic vapor product	9	12 *
Ever use a flavored tobacco product	5	7 *

	VT	SD
Ever drank alcohol	15	17
Ever tried marijuana	5	7 *
Ever used inhalants	4	6 *

. = Too few students to report; \* = Statistical differences between SU and VT

## Lifetime Substance Use

	VT	SD	
Tried cigarette smoking for the first time before age 11 years	3	4	*
Tried a flavored tobacco product for the first time before age 11 years	44	3	*
Drank alcohol for the first time before age 11 years	8	8	
Tried marijuana for the first time before age 11 years	1	.	

	VT	SD	
Currently smoked cigarettes or cigars or used smokeless tobacco or electronic vapor products	5	11	*
Currently smoked cigarettes or used electronic vapor products	5	10	*

	VT	SD	
Currently smoked cigarettes	1	.	
Currently used an electronic vapor product	5	9	*
Currently used smokeless tobacco	1	.	
Currently smoked cigars	1	3	*

. = Too few students to report; \* = Statistical differences between SU and VT

Current Substance Use

	VT	SD
Currently drank alcohol	5	7
Currently used marijuana	3	4
Have ever taken a prescription drug without a doctor's prescription or differently than how a doctor told them to use it	5	4

	VT	SD
Used cigarettes on 1-2 days, among current users	43	.
Smoke 1 or fewer cigarettes, among current users	62	.
Used EVP on 1-2 days, among current users	46	.
Used electronic vapor products mainly because they were curious about them, among current users	16	.
Usually used JUUL or other rechargeable device that uses pods, among current users	19	.

	VT	SD
Used alcohol on 1-2 days, among current users	69	.
Had 1 to 2 drinks, among current users	65	.
Used marijuana 1-2 times, among current users	42	.

. = Too few students to report; \* = Statistical differences between SU and VT

Substance Use Among Current Users

	VT	SD	
Were asked by a doctor, dentist, or nurse if they smoked	27	21	*

	VT	SD	
Say if they wanted to get electronic vapor products, it would be sort of easy or very easy for them to get some	18	12	*
Say if they wanted to get alcohol, it would be sort of easy or very easy for them to get some	32	26	*
Say if they wanted to get marijuana, it would be sort of easy or very easy for them to get some	15	13	

. = Too few students to report; \* = Statistical differences between SU and VT

## Perceptions about Substance Use

	VT	SD
Think it is wrong or very wrong for someone their age to use electronic vapor products	89	88
Responded that their parents or guardians feel it would be wrong or very wrong for the student to use electronic vapor products	94	93
Responded that their parents or guardians feel it would be wrong or very wrong for the student to drink alcohol	88	88
Responded that their parents or guardians feel it would be wrong or very wrong for the student to use marijuana	92	90

	VT	SD	
Think people greatly risk harming themselves, physically or in other ways, if they use electronic vapor products regularly	51	43	*
Think people greatly risk harming themselves, physically or in other ways, if they have five or more drinks of alcohol (beer, wine, or liquor) once or twice each weekend	40	43	
Think people greatly risk harming themselves, physically or in other ways, if they use marijuana regularly	48	42	*

. = Too few students to report; \* = Statistical differences between SU and VT

## Physical Activity

	VT	SD	
Spent 3 or more hours per day on screen time	57	57	
Did not participate in at least 60 minutes of physical activity on at least 1 day	9	15	*
Were physically active at least 60 minutes per day on 5 or more days	60	50	*
Were physically active at least 60 minutes per day on all 7 days	35	27	*

	VT	SD	
Report they participate in physical activity or other short breaks during class	88	86	*
Played on at least one sports team	64	56	*
Walk or bike to school at least 1x	24	34	*

	VT	SD	
Did not eat breakfast	12	16	*
Ate breakfast on all 7 days	45	39	*

. = Too few students to report; \* = Statistical differences between SU and VT

## Nutrition

	VT	SD	
Did not drink a bottle or glass of plain water	3	3	
Drank a bottle or glass of plain water one or more times per day	77	72	*
Drank a bottle or glass of plain water two or more times per day	70	67	
Drank a bottle or glass of plain water three or more times per day	55	51	*

	VT	SD	
Most of the time or always went hungry because there was not enough food in their home	2	.	
Usually did not sleep in their parent's or guardian's home	2	.	
Reported in their home people most of the time or always speak a language other than English	7	3	*

	VT	SD	
Ate dinner at home with at least one of their parents or other adult family member on four or more days	87	86	
Most of the time or always feel that they are able to talk to an adult in their family or another caring adult about their feelings	59	47	*

. = Too few students to report; \* = Statistical differences between SU and VT

Protective Factors

	VT	SD
Have at least one teacher or other adult in their school that they can talk to if they have a problem	67	68
Strongly agree or agree that their school has clear rules and consequences for behavior	67	69

	VT	SD	
Ever saw someone get physically attacked, beaten, stabbed, or shot in their neighborhood	13	16	*
Strongly agree or agree that in their community they feel like they matter to people	55	45	*

. = Too few students to report; \* = Statistical differences between SU and VT